tests for Yes No X	a spouse or dependent child because they meet all three	rned" income, or liabilities of ommittee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
excluded Yes No X	other "excepted trusts" need not be disclosed. Have you	nittee on Ethics and certain o	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
STIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	IST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
LETE	S THAT YOU ARE REQUIRED TO COMPLETE	Y THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
rom a Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? HEDULE IF YOU ANSWER "YES"	ave any reporteble Yes No J. Did you receive com single source in the cur ATTACH THE CORRESPONDING SCHEDULE IF YOU	D. Did you, your spouse, or your dependent child have any reporteble liability (more than \$10,000) at any point during the reporting period?
ent with an Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
rring te of filing? Yes No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	TIONS	OF THESE QUES	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 peneity shell be assessed against any individual who files more than 30 deys late.	Period Covered: January 1, 2016 to	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Sta
U.S. HOUSE OF REPRESENTATIVES (1)	Check if Amendment	2018 2018	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: 100 2
APR 20 AM II: 58		_ Daytime Telephonc.	Name: WAck A. Jodu
APR 13 2018 Page 1 of 2	FORM B For New Members, Candidates, and New Employees LEG:		UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Value of Asset Type of Income Indicate value of esset of dose of the reporting period. If you Check all columns that apply. For accounts for assets for which you checked "Tax-Deferred" in Block C, you may specify the method used. 401(t), IRAC of 529 accounts), you may check the category of income by checking the appropriate specify the method used. 401(t), IRAC of 529 accounts), you may check the category of income by checking the appropriate specify the method used. 401(t), IRAC of 529 accounts), you may check the category of income by checking the appropriate specify the method used. 401(t), IRAC of 529 accounts), you may check the category of income by checking the appropriate specify the method used. 401(t), IRAC of 529 accounts), you may checked "Tax-Deferred" in Block C, you may case is indicate the category of income by checking the appropriate specify the method used. 401(t), IRAC of 529 accounts), you may checked "Tax-Deferred" in Block C, you may case is indicate the category of income by checking the appropriate assets indicate the category of income by checking the appropriate assets indicate the category of income by checking the appropriate assets indicate the category of income by checking the appropriate assets indicate the category of income by checking the appropriate assets indicate the category of income by checking the appropriate assets indicate the category of income by checking the appropriate assets indicate the category of income by checking the appropriate assets indicate the category of income to depend and income to the category of income assets indicate the category of income to depend and income to the category of income to asset income to the category of income to asset in the appropriate assets indicate the category of income to asset in the appropriate assets indicate the category of income to asset in the appropriate assets indicate the category of income to asset in the appropriate assets indicate the category of income to asset in the appropriate assets indicate the	1			2 C	For bank and other cash eccounts, fotal fine amount in all interest-bearing eccounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest hearing accounts.
Assets and/or income Sources Value of Asset Value of Asset Type of Income Amount of Income Tax-Deferred Tax-Deferred Tax-Deferred Tax-Deferred Lax-Bell as assess indicate the category of income by checked "Tax-Deferred, must be disclosed as income? Check 'None' if no income was earned or generated of the taxable accounts. Order Those and office reporting period. Taxable accounts. Order Those and office reporting the sporting period of the reporting period o	Preceding Yeer	Current Yeer			ine account that exceeds the reporting thresholds.
Assets and/or income Sources Value of Asset Value of Asset Type of Income Type of Income Amount o					For all IRAs and other retirement plans (such as 401(k) plans) provide the velue to reach asset held in
Assets and/or income Sources Value of Asset Value of Asset Type of Income Type of Income Amount o			"None" if the asset generated no income during the reporting period.	*Column M is for assets held by your spouse or depender child in which you have no interest.	Provide complete names of stocks end mutual funds (do not use only ticker symbols).
Assets and/or income Sources Value of Asset Type of Income Type of Income Amount of Income	idenf child in which you heve no interest.	Column XII is for assets held by your spouse or depen	Interest, end capital gaine, even if reinvested, must be disclosed as income	in en esset was sold during the reporting period era included only because it generated income, the value shoul ba "None."	which generated more than \$200 in "uneerned" income during the year.
Assets and/or income Sources Value of Asset Type of Income Amount of Income	ock C, you mey check the "None" column. For ell other be appropriate box below. Dividends, Interest, and id as income for essets held in taxeble sccounts.	For assets for which you checked "Tax-Deferred" in Blos assets indicate the category of income by checking the capital gelns, even if relinvested, must be disclosed.	ul check all columns that apply. For accounts as that generafe tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tex-Deferred" column. Dividends.	indicate value of essel et close of the reporting benod, if youse a valuation method other than fair merkef value, pleas specify the method used. If on cook time could design the cook is the cook time could be cook to the cook time co	required to the control of the contr
BLOCK B BLOCK C	of Income	Amount o	Type of Income	Value of Asset	Assets and/or Income Sources
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None \$1-\$1,000

NONE DIVIDENDS

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Spouse/DC Income over \$1,000,000*

Spouse/DC Income over \$1,000,000*

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Simon & Schuster Mega Corp Stock

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logrephic location in Block A.

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ose, you mey indicate that an assibe is that of your spouse (SP iid (DC), or jointly held wifh anyone of column on the far left.

(SP)

Spouse/DC Asset over \$1,000,000*

Other Type of Income (Specify: e.g., Partnership Income or Farm Income)

come during the reporting period); and eny finence terest in, or income derived from, e fecter

For rental end other real property held for invest provide a complete eddress or description, rantal property," and e city and state.

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SCHEDULE A ~ ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

	Name:
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	Page 1 of 5

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited troome may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional seniors involving a fidural control to the state of the state

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Amo	Amount
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Sale of invertigation (Oct. 2)	Spouse Speech	\$20,000	\$1,000
(Jost of Trans) Fifting & Man Sch	Salary	90.064	27.352
US The Wildia (Nest of Interm)		90,064	87, 352

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spause, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

			DC, JT				
	>	Example					
	None	First Bank of Wilmington, DE	Creditor				
	w/A	5/98	Date Liability Incurred MO/YR				
	W/W	Mortgage on Rental Property, Dover, DE	Type of Liability				
ı			\$10,001- \$15,000	>			
			\$15,001- \$50,000	w			
			\$50,001- \$100,000	c			
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			Over \$50,000,000	٠			
			Over \$1,000,000* (Spouse/DC Liability)	*			

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of en honorary nature. New Members end eccond-yeer cendidetes report positions held in the reporting period and the current calendar year. First-yeer candidates and new employeee report positions held in the current calendar year and two previous years

	1	NOME	Position
		N/A	Name of Organization

SCHEDULE F - AGREEMENTS

		Name: // Wac Jedon	rage 1 of 1
Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	ave with respect to: future employment; a leave of absence during the perivernment; or continuing participation in an employee welfare or benefit pla	od of government service; n maintained by a former
Date	Parties to Agreement	Terms of Agreement	
	None	W/W	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Nonr	N/A

Name: MAde Jodur Page 1 of 8

	4		22	2.	NOTE NUMBER
) Das A H 4/13/2018	I have no other stocks, bonds, compensation, savings, honorariums, of Financial holdings or income	[MET] bank in Mill Hell, 7#	I have a personal checking (belance \$2,000) and a personal	I made \$50,064 (gerbox 1 on W-2 Form) as an employee Isalam) of us. Fish & Wildlife (Dept of Interior) in 2017	I made \$87,352 (perbix 1 on 12 Form) as an employed (salary) of U.S. Fishs Wildlife (Dept. of Interw) in 2014

LOCK HAVEN PA 17745 For Disclosure, Privacy Act, end Paperwork Reduction Act Notice, see separate instructions.

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04-12-2018| self-employed

Firm's EIN →

Phone no.

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Paid

Preparer

Use Only

Firm's name

Firm's address

Income Tax Return for Single and Form 2016 Joint Filers With No Dependents (99) OMB No. 1545-0074 1040EZ Your aocial security number Spouse's social accurity no. Make sure the SSN(s) WADE JODUN above are correct. Presidential Election Campaign Check here if you, or your spause if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. 87,352 Attach your Form(s) W-2. Income Attach Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. Form(s) W-2 here. Enclose, but Unemployment compensation and Alaska Permanent Fund dividends (see instructions). 3 0 do not attach, arty payment, 87<u>,</u>352 Add lines 1, 2, and 3. This is your adjusted gross income. If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on page 2. Spouse ∐ You If no one can claim you (or your spouse if a joint return), enter \$10,350 if single; 10,350 \$20,700 if married filing jointly. See page 2 for explanation. 5 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. 77,002 This is your taxable income. 6 16.036 Federal income tax withheld from Form(s) W-2 and 1099 7 Payments, 8a Earned Income credit (EIC) (see instructions) 8a Credits, and Tax b Nontaxable combat pay election. 86 16,036 Add lines 7 and 8a. These are your total payments and credits. 9 Tax. Use the amount on line 6 above to find your tax in the tax table in the 15,028 instructions. Then, enter the tax from the table on this line. 10 Health care: individual responsibility (see instructions) Full-year coverage X 11 11 15,028 Add lines 10 and 11. This is your total tax. 12 If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund. Refund If Form 8888 is attached, check here 13a 1,008 Have it directly deposited! See inst, and fill C Type: X Checking **b** Routing number in 13b, 13c, and 13d, or Form 8888. d Account number If line 12 is larger than line 9, subtract line 9 from line 12. This is Amount You Owe the amount you owe. For details on how to pay, see instructions. Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete below. Third Party Designee's ► HRB TAX GROUP INC Designee Phor Personal identification O number (PIN) Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and Sign accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. Here Your signature Date Your occupation Daytime phone number Joint return? See instructions. FISHERIES BIOLOGIS Кеер а сору Spouse's signature. If a joint return, both must sign. If the IRS sent you an Identity Protection PIN, Spouse's occupation for your records. Protection enter it hare (see inst.) Print/Type preparer's name Preparer's signature Date PTIN Check 04-12-20<u>1</u>8| self-employed Paid - 4 vol. 10 M Preparer Firm's name H AND R BLOCK Firm's EIN

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LOCK HAVEN PA

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Firm's address

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